

3.2% On-sale or Off-sale Liquor License Information

Thank you for your interest in the 3.2% On-sale or 3.2% Off-sale Liquor License in the St. Paul Park.

3.2% On-sale (may be issued to drug stores, hotels, clubs and bowling centers)
3.2% Off-sale

In order to obtain a 3.2% liquor license, you must meet all City Code, MN State statutes and rules, all Bureau of Alcohol, Tobacco and Firearms and MN Department of Public Safety Alcohol & Gambling Enforcement Division regulations in regards to liquor licensing, zoning, and business operation.

You must be a citizen of the United States or a resident alien. You must be at least 21 years old. You must have a good morale character and repute. You may not have an interest in a manufacturer and wholesaler of alcoholic beverages. And, you must not have been convicted of a felony or a willful violation of a federal, state, or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage. (MS 340A.402 and St. Paul Park City Code Chapter 6)

To apply for a 3.2% On-sale or 3.2% Off-sale Liquor License you will need to:

- Submit proof verifying that the zoning of the property where the business will be located allows for such an endeavor.
- Submit proof of Sales and Use Tax Permit Number which can be obtained from the MN Department of Revenue at (651) 296-6181.
- Submit proof of Workers Compensation Insurance and Liquor Liability Insurance providing at least the minimum amounts required by Minnesota Statutes, section 340A.409, regardless of the amount of annual sales.
- Submit proof of current year's real estate taxes are paid to date.
- Complete and submit the APPLICATION FOR 3.2% LIQUOR LICENSE with the required fee of \$250 for On-sale or \$100 for Off-sale. Incomplete and/or falsified applications shall not be approved. *Cashiers Check payable to the City of St. Paul Park.*

After all submittals are received and deemed complete, your application will be placed on the next Council Agenda. City Council meetings are generally held the first and third Mondays of each month. You are not required but are encouraged to be in attendance at the meeting to answer any questions that may arise as the City Council determines whether or not to issue the liquor license. As such, you will be notified of the date of this meeting.

After approval by the St. Paul Park City Council, your application will be submitted to Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division for final approval. Allow 15-30 days. The entire process may take 45-60 days to complete.

If you have any questions, please contact the City Clerk at (651) 459-9785.

Sincerely,
Sharon Ornquist, City Clerk

Enclosures

- Application for 3.2% Liquor License
- Personal History Form



City of St. Paul Park
 600 Portland Avenue
 St. Paul Park MN 55071
 (651) 459-9785

APPLICATION FOR CITY LIQUOR LICENSE

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers Compensation Insurance Company Name _____ Policy # _____

LICENSEE'S MN SALES & USE TAX ID # _____

LICENSEE'S FEDERAL TAX ID # _____

| TYPE OF BUSINESS (check one) | | | | | | |
|---|------------------------|-------------------------------------|---|--|----------|--|
| <input type="checkbox"/> Club | | <input type="checkbox"/> Restaurant | | <input type="checkbox"/> Hotel | | <input type="checkbox"/> Bowling Alley |
| TYPE OF LICENSE(S) REQUESTED (please check all that apply): | | | | | | |
| 3.2 % LICENSES | | | INTOXICATING LICENSES | | | |
| On sale | Off sale | | On Sale | Wine | Sunday | Club |
| APPLICANT INFORMATION | | | | | | |
| Applicant's full name: | | | Trade Name or DBA: | | | |
| Business name (Business, partnership, LLC, Corporation): | | | | | | |
| Business Address | | | Business Phone: | Applicants Home Phone | | |
| City | | | County | State | Zip Code | |
| U. S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date/place: _____ | | | DOB |
| If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner. | | | | | | |
| Partner/Officer Full Name & Title | | Address | | | DOB | |
| Partner/Officer Full Name & Title | | Address | | | DOB | |
| Partner/Officer Full Name & Title | | Address | | | DOB | |
| CORPORATIONS | | | | | | |
| Date of incorporation | State of incorporation | Certificate Number | | Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If a subsidiary of another corporation, give name and address of parent corporation | | | | | | |

| OTHER INFORMATION | | |
|--|---|--|
| Names and addresses of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used (Note: the location manager must be listed): | | |
| Full Name & Title | Address | DOB |
| Full Name & Title | Address | DOB |
| Full Name & Title | Address | DOB |
| Full Name & Title | Address | DOB |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 1. Has applicant, partners, officers or employees ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 2. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, attach a copy of the summons. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Has applicant, partners, officers or employees had an intoxicating liquor license revoked within five year of the application? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 3. Have the applicants any interest, directly or indirectly, in any other liquor establishments in Minnesota. If yes, give the name and address of the establishment(s). | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 4. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, attach names and details. | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | 5. Will you serve liquor on Sunday? | |
| BUILDING AND RESTAURANT | | |
| Name of building owner | | Owner's address |
| Are Property Taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has the building owner any connection, direct or indirect, with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | Restaurant seating capacity |
| Hours food will be available | No. of people restaurant employs | Will food service be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge. | | |
| Name of applicant (please print or type) : | | |
| Applicants Signature | | |
| Date: | | |

FOR OFFICE USE ONLY:
APPROVALS:

| Department: | Signature: | Date: | Comments/report attached? |
|--------------|------------|-------|---------------------------|
| Risk Manager | | | |
| Police Chief | | | |
| City Clerk | | | |
| City Council | N/A | | |

| Required documents completed & attached: | | Comments: |
|---|--|-----------|
| Application(s) (City) | | |
| Application(s) (State) | | |
| Proof of Insurance (Dram Shop) | | |
| Proof of Insurance (Workers Comp) | | |
| Fees paid | | |
| Floor plan | | |
| Proof of food sales (Wine only) | | |
| Club plan | | |

PERSONAL HISTORY FORM

IN SUPPORT OF A LIQUOR LICENSE APPLICATION

Directions: This form must be filled out using a typewriter or by printing in ink by the sole owner, by each partner, by each officer or director, by each manager, proprietor or person with management responsibilities for the premises, and by each person who has any interest in a corporation or association.

1. Name and Address:

| |
|--------------------------|
| True Name: _____ |
| Residence Address: _____ |
| Telephone: _____ |

2. Business Name and Address:

| |
|-------------------------|
| Business Name: _____ |
| Business Address: _____ |
| Telephone: _____ |

3. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

4. Are you a United State Citizen? Yes No

5. Are you Naturalized? Yes No

If yes, give date and place: _____

6. Marital Status Single Married Divorced

If married, true name, place and date of birth, and residence address of spouse:

| |
|--|
| Name: _____ |
| Address: _____ |
| Place of Birth: _____ Date of Birth: _____ |

6. Cont.

| |
|--|
| If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used: |
| |
| |

7. Are you a registered voter: Yes No

If yes, where are you registered: _____

8. Is your spouse a registered voter: Yes No

If yes, where is spouse registered: _____

9. Address(es) at which you have lived during preceding ten years. Begin with present or last address and work back:

| Number and Street | City and State | Dates |
|-------------------|----------------|-------|
| | | |
| | | |
| | | |
| | | |

10. Address(es) at which your spouse has lived during preceding ten years. Begin with present or last address and work back:

| Number and Street | City and State | Dates |
|-------------------|----------------|-------|
| | | |
| | | |
| | | |
| | | |

11. Kind, name and location of every business or occupation you have been engaged in during the preceding ten years. Begin with present to last occupation and work back:

| Business or Occupation | Street Address | City and State | Dates |
|------------------------|----------------|----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

12. Kind, name and location of every business or occupation your spouse has been engaged in during the preceding ten years. Begin with present or last occupation and work back:

| Business or Occupation | Street Address | City and State | Dates |
|------------------------|----------------|----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

13. Names and address(es) of your employers and partners, if any, of the preceding ten years. Begin with present or last one first and work back:

| Names of employers and Partners | Street Address | City and State | Dates |
|---------------------------------|----------------|----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

14. Names and address(es) of your spouse's employers and partners, if any, for the preceding ten years. Begin with present or last one first and work back:

| Names of employers and Partners | Street Address | City and State | Dates |
|---------------------------------|----------------|----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

15. Have you, your spouse, a parent, brother, sister or child of either of you, ever been convicted of any felony, crime or violation of any ordinance, other than traffic?

Yes No

If yes, give information as to the time, place and offense for which convictions were had:

16. Have you, your spouse, or a parent, brother, sister or child of either of you, ever been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business of a similar nature:

Yes No

If yes, give information as to the time, place and length of time:

17. Have you been in military service: Yes No

If yes, was discharge(s) ever other than honorable? Yes No

(Copies of discharge papers may be required)

18. Names, residence addresses, business addresses, and telephone numbers of each person who is engaged in Minnesota in a business of selling, manufacturing or distributing intoxicating liquor and who is nearer of kin to you or your spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of your or your spouse:

| | |
|--------------------------|---------------------|
| True Name: _____ | Relationship: _____ |
| Residence Address: _____ | Telephone: _____ |
| Business Address: _____ | Telephone: _____ |

| | |
|--------------------------|---------------------|
| True Name: _____ | Relationship: _____ |
| Residence Address: _____ | Telephone: _____ |
| Business Address: _____ | Telephone: _____ |

19. Are you a manufacturer or wholesaler of alcoholic beverages or interested directly or indirectly in the ownership or operation of any retail business selling alcoholic beverages?

Yes No

20. Are you a person who is directly or indirectly, interested in other establishments in the City of St. Paul Park to which either an "On Sale" or "Off Sale" license has been issued?

Yes No

If yes, list names and addresses and interest:

| Name | Address | Interest |
|------|---------|----------|
| | | |
| | | |
| | | |
| | | |

21. What is the amount of investment that you have or will have in the business, building, premises, fixtures, furniture, stock in trade, etc?

State the Source of such money and attach proof:

22. Have you any interest in any previous intoxicating license that was revoked, suspended or not renewed? Yes No

If yes, explain in detail:

23. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes No

If yes, state circumstances:

24. List the names, residences, and business addresses of three residents of the United States of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to your character:

| Name | Residence Address | City and State | Dates |
|------|-------------------|----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

A financial statement of net worth and a short autobiography must accompany this application for all persons who are required to complete a Personal History Form (exception: Manager—provided the individual is not a partner or officer of the corporation).

I hereby understand and agree that the information revealed in support of an application for ownership or management of a licensed on or off sale liquor establishment in the City of St. Paul Park will be used in accordance with Federal, State, and local laws regarding privacy of records.

I declare that the information provided is truthful, and I authorize the City of St. Paul Park to investigate the information and contact the persons named herein.

Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____, _____.
